

9263

MARGIN RESERVED FOR BINDING. Every item of information should be carefully written in plain terms, so that it may be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# STANDARD CERTIFICATE OF DEATH ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## 1. PLACE OF DEATH

County MaricopaState ArizonaLocal Registrar's No. 857

District or Township

or Village

City Phoenix

No.

(If death occurred)

## 2. FULL NAME

Baby Wolford

(a) Residence, No.

2521 W. Adams

(Usual place of abode)

Length of residence in city or town where death occurred yrs.

Both Dr. Hicks & Dr. Felch say that they didn't take care of the birth of this child. Birth certificate unobtainable.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR or RACE

White5. SINGLE, MARRIED, WIDOWED or DIVORCED.  
(Write the word)

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofBaby

6. DATE OF BIRTH (month, day and year)

7. AGE

Years

Months

Days

IF LESS than 1  
day 10 hrs.  
or min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Baby

(b) General nature of industry, business or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town)  
(State or country)Phoenix  
Arizona10. NAME OF FATHER Frank Wolford11. BIRTHPLACE OF FATHER Clayton

(State or country)

New Mexico12. MAIDEN NAME OF MOTHER Mary Abyta13. BIRTHPLACE OF MOTHER Trinidad

(State or country)

Colorado

14.

Informant

Frank Wolford

(Address)

2521 W. Adams

16.

Filed

7-18-311931

Registrar.

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH July 11 1931

Month

Day

Year

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1931 to July 10, 1931, that I last saw him alive on July 10, 1931, and that death occurred, on the date stated above, at 3 A.M.. The CAUSE OF DEATH\* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY  
(Secondary)

(duration) yrs. mos. ds.

18. Where was disease contracted  
if not at place of death?

Did an operation precede death? Date of.

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

(Address)

M. D.

State the Disease Causing Death, if deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION  
OR REMOVAL

DATE OF BURIAL

Forest Lawn7/11/31

20. UNDERTAKER

ADDRESS

Grimshaw-Acton Co. 334 W Monroe